

REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Patent Number</td> <td>6,860,428 B1</td> </tr> <tr> <td>Issue Date</td> <td>March 1, 2005</td> </tr> <tr> <td>Application Number</td> <td>09/151,764</td> </tr> <tr> <td>Filing Date</td> <td>September 11, 1998</td> </tr> <tr> <td>First Named Inventor:</td> <td>John H. Dowling</td> </tr> <tr> <td>Attorney Docket Number</td> <td>5557P059</td> </tr> </table>	Patent Number	6,860,428 B1	Issue Date	March 1, 2005	Application Number	09/151,764	Filing Date	September 11, 1998	First Named Inventor:	John H. Dowling	Attorney Docket Number	5557P059
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First Named Inventor:	John H. Dowling												
Attorney Docket Number	5557P059												

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

08791

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 C.F.R. 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record			
Signature		Date	29 April 2009
Name	Bruce R. Scharf	Telephone	425-226-5700
Title & Company: Engineering Vice President, Microscan Systems, Inc.			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ *Total of _____ forms are submitted

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.